

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035141

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6497

2497

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

CARTHAGE

Length of stay in lb
50 YEARSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

McCUNE BROOKS HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY

JASPER

c. CITY
OR TOWN

CARTHAGE

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

203 S. FULTON

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

HUGH

CAVANAUGH

4. DATE
OF DEATH

Month Day Year

SEPTEMBER 30, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

10-12-1885 76

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

UNK

10b. KIND OF BUSINESS OR INDUSTRY

UNK

11. BIRTHPLACE (City and state or country)

JASPER, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

UNK

13b. MOTHER'S MAIDEN NAME

UNK

14. NAME OF HUSBAND OR WIFE

UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

UNK

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

HIMSELF BY PREARRANGEMENT

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute cardiac failure

INTERVAL BETWEEN
ONSET AND DEATH

11 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic cardio-vascular disease 10 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)Cholecystectomy + cholecystectomy 3 days prior to death
for common duct stonesPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AN AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-17-50 to 9-30-62 and last saw him alive on 9-30-62
Death occurred at 1:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(If printer, give title)

M.D.

22b. ADDRESS

616 W. CENTENNIAL, CARTHAGE, MO.

22c. DATE SIGNED

10-1-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

10/5/62

23c. NAME OF CEMETERY OR CREMATORY

PARK CEMETERY

23d. LOCATION (City, town, or county)

CARTHAGE, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

ULMER FUNERAL HOME, CARTHAGE, MO.

25. DATE RECD. BY LOCAL REG.

10-2-62

26. REGISTRAR'S SIGNATURE

E. J. Shinton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or, by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Melvin Harrell

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.